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Morgan, Lewis & Bockius LLP
1111 Pennsylvania Avenue, N.W.
Washington, DC 20004
Tel. 202.739.3000
Fax: 202.739.3001

Morgan Lewis
COUNSELORS AT LAW

FAX MESSAGE

Send To:

Name: Examiner Prema Mertz, Ph.D.

FAX Number: 571-273-0876

Firm: U.S. Patent Office - Group Art Unit 1646

Telephone Number: 571-272-0876

From:

Name: Robert Smyth, Ph.D.

Floor: 4

Operator Sending:

Telephone Number: 202.739.5139

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Number of Pages (including cover page): 7

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U.S. Patent Application 10/772,437

Inventors: Holroyd et al.

Filed: February 6, 2004

Title: Methods for treating ICACC protein associated diseases (Amended)

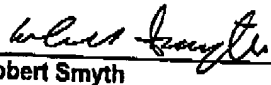
Group Art Unit: 1646

Examiner: Prema Mertz, Ph.D.

Attorney Docket: 036870-5073-02

Certificate of Transmission Under 37 C.F.R. 1.8

I hereby certify that the attached Transmittal and Second Supplemental Amendment are being transmitted via facsimile to Examiner Prema Mertz at the United States Patent Office on Thursday, September 28, 2006. Applicants request that the Examiner acknowledge receipt of this correspondence via return facsimile of this coversheet or by telephone.


Robert Smyth

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PATENT
Attorney Docket 036870-5073-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: *Holroyd et al.*

Application No. 10/772,437

Filed: February 6, 2004

Examiner: Prema Maria Mertz

Group Art Unit: 1646

For: Methods for treating ICACC protein associated diseases (Amended)

U.S. Patent and Trademark Office
Customer Service Window, Mail Stop Amendment
Randolph Building
401 Dulany Street
Alexandria, VA 22314

TRANSMITTAL FORM

- Transmitted herewith is a Second Supplemental Amendment.
- Extension of Time:** The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136(a) apply. Applicants do not believe an extension of time is required. However, if Applicants have inadvertently overlooked the need for an extension of time, please consider this a petition therefore. The Commissioner is hereby authorized to charge any additional fees, which may be required, including fees due under 37 C.F.R. 1.16 and 1.17, or credit any overpayment to Deposit Account 50-0310.
- Fee Calculation (37 C.F.R. 1.16):**

CLAIMS AS AMENDED						
	Remaining		Previously Paid	Extra	Rate	Total Fees
Total Claims	12	minus	98	0	\$50 each=	0.00
Independent Claims	1	minus	2	0	\$200 each=	0.00
First presentation of Multiple dependent claim					\$360.00	0.00
Sub-total =						0.00
Reduction by 1/4 for filing by a small entity						0.00
Total Fee =						\$0.00

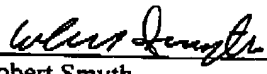
- Except** for issue fees payable under 37 C.F.R. 1.18, the Commissioner is hereby authorized by this paper to charge any additional fees during the entire pendency of this application including

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Application No. 10/772,437
Page 2

fees due under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment to
Deposit Account 50-0310.

Dated: September 28, 2006
Morgan, Lewis & Bockius LLP
Customer No. 09629
1111 Pennsylvania, N.W.
Washington, D.C. 20004
202-739-3000

Respectfully submitted,
Morgan, Lewis & Bockius LLP


Robert Smyth
Registration No. 50,801

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SECOND SUPPLEMENTAL AMENDMENT

Applicants respectfully request reconsideration of this application in view of the following amendments and remarks.

Amendments to the Claims begin on page 2 of this paper.